

## Bart Russell, Executive Director Connecticut Council of Small Towns (COST) Testimony before the Public Health Committee March 6, 2009

## SB-847, AN ACT CONCERNING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING PUBLIC HEALTH

The Connecticut Council of Small Towns (COST) <u>opposes</u> provisions included in SB-847, which would which eliminate funding for local health districts and regional health districts that do not serve a minimum total population of 50,000 residents.

Health districts are vital to maintaining the public's health, preventing the spread of disease, and promoting lifelong wellness. The health districts also enforce state health laws and regulations, local health ordinances and sanitary codes.

Under the bill, however, towns that are not part of a regional district will also lose all of their state funding for their own health departments. Regional health districts that meet the population threshold will see a drop in state funding from \$2.06 per capita (for towns with more than 5,000 residents) or from \$2.43 (for towns with less than 5,000 residents) to \$1.25 per resident regardless of population. Regional health districts that do not meet the population threshold will lose all of their state funding.

SB-847 therefore penalizes towns that utilize local health districts by eliminating all of the state funding for local districts, even where towns have explored opportunities to participate in a regional health district and concluded that the savings would be minimal, at best, and would not be in the best interests of local residents.

In addition, many towns voluntarily formed health districts over the past few years but do not serve a minimum total population of 50,000 residents. Towns that have negotiated such regional health districts will be penalized unless they merge into much larger districts.

Connecticut's small towns and cities support initiatives to *encourage* voluntary regional cooperation to provide programs to meet the needs of local residents in a more efficient, cost-effective manner. As Connecticut's small towns and cities struggle to do more with less, many communities are exploring new opportunities to share resources to meet these growing needs.

However, regionalism, in and of itself, does not always achieve cost savings or deliver services more efficiently, and we should be mindful of this when we consider proposals that target funding to programs simply because they are regional rather than local. According to a recent study by Steve Lanza, editor of *The Connecticut Economy*, "Municipal consolidation or other service-sharing plans offer no silver bullet for the problem of costly, local public services." Moreover, small towns may incur greater costs in participating in a large regional health district than they would by maintaining an efficient local health district.

COST therefore opposes the provisions in this bill which eliminate funding for local health districts and urges the committee to look to voluntary, cooperative regional programs to meet the needs of Connecticut's towns and cities.

Thank you for the opportunity to testify. Please contact me at 860-676-0770 if you have any questions.